



Animal Quarantine Branch
99-951 Halawa Valley Street
Aiea, HI 96701

Department
of Agriculture
STATE OF HAWAII

AQS-27
Rev. 5/97

COMPLETE CARE RESPONSIBILITY AGREEMENT

After completion of ten (10) days quarantine, I, _____, shall accept full responsibility for the feeding, medicating, pest control and grooming of my dog(s) and/or cat(s) listed below. I also agree to bring my own equipment to clean my kennel(s) while my pets are in quarantine under complete care.

I understand that Complete Care shall be done during the hours of (weekdays) 9:00 a.m. to 11:00 a.m. and 1:00 p.m. to 4:30 p.m. and (weekends and State holidays) 8:00 a.m. to 10:00 a.m. and 12:00 noon to 3:30 p.m. Should I decide to bathe my dog(s) in the grooming area, I understand that this can be done only after I have made an appointment (limit is two appointments per week per pet). I also agree not to exercise or tie my pet outside of its kennel at any time and to comply with all quarantine station rules.

I understand that quarantine fees must be paid in full prior to the start of Complete Care. I have read and understand the rules governing Complete Care (Chapter 29), and agree to abide by those rules and quarantine station policies. This agreement hereby frees the State and the station personnel of any liability.

I agree to provide Complete care for the following:

Entry No. _____	Kennel No. _____
Entry No. _____	Kennel No. _____
Entry No. _____	Kennel No. _____
Entry No. _____	Kennel No. _____
Entry No. _____	Kennel No. _____
Entry No. _____	Kennel No. _____

For Official Use Only

Complete care kennel no. _____
Complete care kennel no. _____
Complete care kennel no. _____
Complete care kennel no. _____
Complete care kennel no. _____
Complete care kennel no. _____

Entry Date _____

Owner or Co-Owner Signature _____

Date _____

Print Name _____

Payment Date (in full) _____

Witness' Signature - AQS Employee _____

For Official Use Only

Veterinary Review _____
Date/Initial

Team Review _____
Date/Initial

☐ Approved ☐ Disapproved

Start Date _____